



Mentoring for NHS doctors: perceived benefits across the personal-professional interface

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DECLARATIONS

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None declared

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Contributorship

AS was involved in the design of the study, seeking ethical approval, data collection, both primary and extended analysis and wrote the first draft of the paper; JO and WGF were involved in the

Summary

Objective To investigate NHS doctors' perceived benefits of being involved in mentoring schemes and to explore the overlaps and relationships between areas of benefit.

Design Extended qualitative analysis of a multi-site interview study following an interpretivist approach.

Setting Six NHS mentoring schemes across England.

Main outcome measures Perceived benefits.

Results While primary analysis resulted in lists of perceived benefits, the extended analysis revealed three overarching areas: professional practice, personal well-being and development. Benefits appear to go beyond a doctor's professional role to cross the personal-professional interface. Problem solving and change management seem to be key processes underpinning the raft of personal and professional benefits reported. A conceptual map was developed to depict these areas and relationships. In addition secondary analysis suggests that in benefitting one area mentoring may lead to consequential benefits in others.

Conclusions Prior research into mentoring has mainly taken place in a single health care sector. This multi-site study suggests that the perceived benefits of involvement in mentoring may cross the personal/professional interface and may override organizational differences. Furthermore the map developed highlights the complex relationships which exist between the three areas of professional practice, personal wellbeing and personal and professional development. Given the consistency of findings across several studies it seems probable that organizations would be strengthened by doctors who feel more satisfied and confident in their professional roles as a result of participation in mentoring. Mentoring may have the potential to take us beyond individual limits to greater benefits and the conceptual map may offer a starting point for the development of outcome criteria and evaluation tools for mentoring schemes.

Introduction

In the absence of a universal definition, various descriptions of mentoring have been used across

different professions and countries.¹⁻⁴ In 1998 a UK report on beliefs and practices in mentoring for doctors⁵ proposed the following broad description:

design, data collection and primary analysis. JO wrote the introduction. JO and WGF made many comments and suggestions on numerous drafts of the paper

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‘The process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development.’⁵

There is now considerable official support for mentoring for NHS doctors from the UK government,^{6–9} the British Medical Association¹⁰ and several of the medical Royal Colleges.^{11–13} Previous UK authors have reported a range of benefits, including: participation in a supportive network,¹⁴ enhanced confidence,¹⁵ reduced stress and enhanced feelings of control.¹⁶ However, the studies cited were mainly undertaken in a single NHS healthcare sector and have shown little in the way of organizational benefit.

Against this background the Doctors’ Forum, established under the Department of Health’s Improving Working Lives initiative, undertook a scoping exercise in 2003 to identify mentoring schemes for NHS doctors. It found 50 schemes already in operation or being planned. To address concerns about whether the investment in mentoring was worthwhile, the study was extended to investigate the perceived benefits of participating in mentoring across more than one health sector. A literature review was also undertaken. The findings from the first analysis of the data were published,^{1,17,18} and based on this work, the Department of Health issued guidance on mentoring for doctors in 2004.¹⁹

Methodology

As the secondary data analysis is based on the original material, a brief description of the previous methodology is given here. A multi-site, qualitative interview study design was used which followed an interpretivist approach. Interpretivist research views the meanings people give to experiences as being constructed through interpretation which is socially negotiated. Research based in this paradigm generally aims to understand the meanings and perspectives given to phenomena by individuals and groups. Such understanding

is often sought through the description and exploration of human experience and thought using qualitative methods.²⁰

Ethical approval was obtained from local and multi-site research committees.

The study aimed to investigate the perceived benefits of being involved in mentoring schemes. Initial analysis aimed to understand participants’ experiences of mentoring and the meanings given to those experiences in terms of benefits,^{1,18} the extended analysis described in this paper aimed to explore and map areas of overlap between the categories of perceived benefits.

Sample

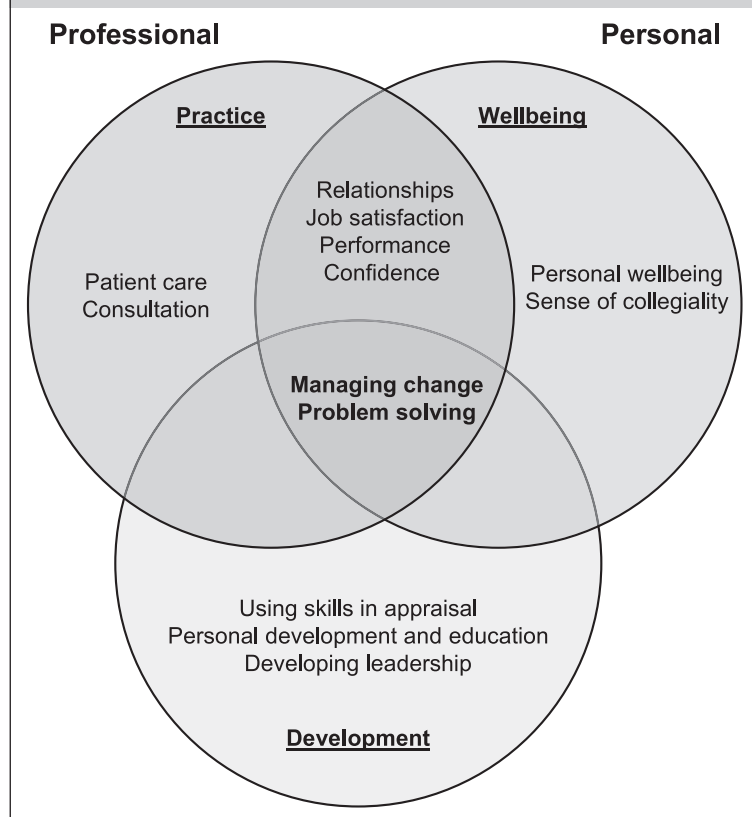
Six mentoring sites throughout England were chosen from those identified by the 2003 scoping exercise¹ to provide a wide geographical spread and to include general practice, hospital medicine and public health. Scheme organizers identified potential participants, who were sent a proforma requesting demographic data and an overview of their mentoring experience. All those who agreed to take part were included, giving a variety of participants including mentors, mentees, scheme organizers and other stakeholders such as medical directors (49 in total; Table 1). All had participated in mentor ‘training’ with different characteristics.

Data collection

An interview guide was developed based on the literature review and discussions at the Doctors’ Forum. This covered problem solving, patient care, job satisfaction, relationships, performance, personal wellbeing, leadership and personal and professional development. Written consent was obtained and anonymity assured. Semi-structured interviews were conducted either face-to-face or by telephone. Participants were asked to describe mentoring experiences and reflect on the perceived benefits. They were encouraged to raise additional issues and to support responses with specific examples. Interview transcripts were sent to each interviewee for amendment and confirmation. Only confirmed material was analysed.

Table 1 Sample						
Role/ Experience	Mentors	Mentees	Mentor and mentee	Scheme organizers	Other stakeholders	Total
	16	16	3	10	4	49

Figure 1
The personal–professional overlap: areas of benefit and underlying processes



Data analysis

The first ten interviews were used to develop a coding framework. Two of the researchers then systematically applied the framework to the remaining transcripts. In order to improve the rigour of the study, disconfirming or deviant cases were also sought and examined. All research team members then critically reviewed the analysis and agreed the final results published in earlier reports.^{1,17,18}

Secondary data analysis was then undertaken paying particular attention to the meanings given to mentoring experiences. Benefits described in the original study were grouped, studied and compared. Links, overlaps and underlying processes were identified and a conceptual map developed. Two of the original researchers also scrutinized the secondary analysis and emergent conceptual map; discussions were held and a final version agreed.

Results

Rather than give separate summaries of the original and the secondary findings, we present a synthesis of the findings so far leading to a conceptual map (Figure 1). This map not only reflects the

findings but also gives rise to ideas for future research and development. Although the conceptual map was devised at the end of the analysis, we present it here to guide an appreciation of the findings.

Professional practice and personal wellbeing

The interlinked categories of professional practice and personal well-being emerged strongly from the secondary analysis and one appeared to enhance the other. Ultimately, mentoring was viewed as having major benefits for patients.

To explain such benefits, participants often highlighted the positive impact of mentoring on specific aspects of professional practice, including consultation skills, work relationships and confidence. One respondent specifically commented that mentoring encouraged him to take a more egalitarian approach to patients. Several doctors felt mentoring had improved their consulting skills; for example, they asked more appropriate questions, helped patients look for their own solutions and felt they responded more appropriately to patients:

‘Mentoring allows you to look at patients in a different way... It’s actually improved my consulting skills immensely. I think it’s made my job much better.’ [RS2: GP, 160–161]

Furthermore, perceived benefits were not confined to clinical work but contributed to improved working relationships and teamwork:

‘it isn’t just the doctor–patient clinical stuff, but actually working in teams, it [mentoring] is pretty helpful I think.’ [RS1: Hosp Dr/associate medical director, 327–329]

Many came to mentoring at a time when their confidence had been undermined by workload pressures, difficult relationships with colleagues, personal problems and a feeling that their contribution was undervalued. Some felt that their performance was suffering as a result. Mentors and mentees referred to changes in both their professional and personal confidence and morale:

‘Virtually all the mentees I have worked with have felt either undervalued, lacking in confidence or inadequate... mentoring has helped them feel more confident and to see where they fit in, in a more positive light.’ [RS2: I03, GP/Mentor, 222–224]

Skills acquired during mentoring provided reassurance about performance, increased confidence and an enhanced sense of personal

wellbeing, highlighting the link between the professional and the personal. Mentoring offered tools to tackle problems, new ways of viewing situations and help in dealing with the personal/professional interface:

‘Speaking from my own experience as a mentee, I found it so valuable to have somewhere to take things... and with [mentor] work out strategies for dealing with it. That was psychologically an amazing benefit, so much of the problem is the interface between you as a person and you as a doctor and that’s probably the best benefit for me in managing that.’ [RS3: GP/Scheme organizer/tutor, 83–87]

Job satisfaction also appeared to benefit. Often involvement in mentoring schemes provided a peer-support system for discussing issues and ideas. Such support seemed to engender a sense of collegiality which was helpful to those who felt isolated:

‘It provided me with a peer group. I don’t belong to any... groups or anything like that and this formed a substitute group of people... also provided a support group and a forum for discussion with each other.’ [RS2:103, GP/mentor, 42–46]

Collegiality also seemed implicated in a sense of satisfaction derived from the use of mentoring skills to help others:

‘Mentoring is enormously satisfying; chatting to another professional and being able to feel that you have helped them and therefore because you’ve helped them, you’re obviously going to help loads of patients, so there’s an enormous spin off.’ [RS3: GP/Scheme organizer/tutor, 262–264]

As illustrated here and in Figure 1, there appears to be a reciprocal relationship between professional practice and personal wellbeing; the perceived benefits of being involved in mentoring thus cut across the complex personal-professional interface of doctors’ lives.

Personal and professional development

The other category to emerge from the secondary analysis relates broadly to development. Leadership, appraisal, personal development and education were all areas in which participants felt that mentoring skills were useful. Some perceived mentoring and the notion of leadership to be quite separate, while others believed leadership was the essence of mentoring:

‘I think it gives you a mechanism to understand the issues about leading... and certainly I’m much more observant of others’ leadership activities and you tend to sort of mentor yourself to lead on things.’ [RS1: GP/course organizer/mentor, 278–285]

The benefits of mentoring were noted across a range of other areas of personal development, all of which may enhance personal wellbeing:

‘The most commonly described benefit is personal – personal empowerment, personal functionality, personal growth.’ [RS1: Course tutor, 465–466]

Doctors have many roles which directly or indirectly involve the education and development of others. Whether choosing a career pathway or an educational course, mentoring was perceived to facilitate many aspects of professional development:

‘One of the main roles of mentoring... is that nowadays one has a different approach to CPD and education... The mentor has a lot of different roles – a listener and a support, a tutor or supervisor, someone who can actually help with learning issues.’ [RS2:3, GP/mentor, 205–212]

Mentoring principles and skills were also viewed as particularly valuable in conducting appraisal:

‘The skills of mentorship are important in appraisal. The appraisee is being given an opportunity to talk freely in a confidential process.’ [RS5: GP/mentor, 209–212]

While participants appear to benefit directly from mentoring, they were also able to enhance the education and development of others by using their new skills outside of their formal mentoring role. Once again the perceived benefits of being involved in mentoring transcended the personal-professional interface, potentially enhancing the personal wellbeing of all involved.

Underlying processes: problem solving and change management

The secondary analysis indicated that all three categories – professional practice, personal wellbeing, personal-professional development and their overlaps – appear to be underpinned by the processes of problem solving and change management:

‘Certainly problem solving is very high up on the list... and managing change... I think

problem solving is really what it's [mentoring] about.' [RS5: GP, 277–279]

Mentors reported helping those affected by change in personal and professional life, including practice reorganization, mergers, service developments, home/work balance, family situation, redundancy, changing jobs, career developments and disciplinary procedures:

'Changes are very rapid in the NHS and that can throw up all sorts of dilemmas about where you're working, what you're working as, practical, financial and learning issues and a lot of people... do not have the support and ears of someone to share with and seek advice from.' [RS2: GP/mentor, 217–221]

Defining, clarifying and 'getting to the nub' of the problem were seen as significant:

'That's what it's good for. That's what it's best at for me. It gives me a place where I can identify problems and sort them out.' [RS5: GP/mentee, 345–346]

During mentoring programmes, doctors learned techniques for active listening and challenging blind spots. Some commented on the empowering nature of what they were learning, resulting, for example, in them not feeling 'so crushed by everything, recognizing which problems were my problems' [RS1: Hosp Dr/mentor & mentee, 187–188]. They were liberated from having to solve others' problems and were challenged to find alternative ways of working. Thus the skills and perhaps philosophy learned through mentoring facilitated the processes of problem solving and change management which seems to underpin the range of professional and personal benefits reported.

Discussion

Principal findings

The main outcome from this extended analysis is the conceptual map (Figure 1), which offers a framework for viewing the ways in which the reported benefits of being involved in mentoring go beyond a doctor's professional role and cross the personal–professional interface. Furthermore, the map highlights the complex interlinked relationships which exist between the three areas of professional practice, personal wellbeing and personal and professional development. Problem solving and change management appear to be key processes underpinning the raft of personal and professional benefits reported. In addition, secondary analysis suggests that in benefitting one

area mentoring may lead to consequential benefits in others.

Strengths and weaknesses

Our findings confirm and enhance those from previous studies,^{14,15} giving further evidence to support the belief that mentoring can be highly beneficial. Unlike previous projects, however, this study drew participants from six schemes with different characteristics across England, suggesting that benefits may override organizational differences.

This research must be viewed within the constraints of the sample and study design. Scheme organizers identified potential interviewees as those likely to have something to contribute about benefits and all interviewees participated voluntarily both in the mentoring schemes and in the study. It is thus not possible to say whether mentoring may assist all doctors, nor what the prerequisites are for success. Conceivably, only those doctors who volunteer, or who have certain backgrounds, personalities or approaches to their professional lives may benefit. Local culture may also affect whether a mentoring scheme thrives and whether benefits occur.

Comparisons with other studies

Like others,^{2,16,21,22} this study suggests that mentoring may assist in the development of professional knowledge and practice. Cited benefits^{2,16,21} relate mainly to individuals, although some authors also discuss possible benefits to organizations such as the NHS.^{23,24} While participants in this study did not generally consider that successful mentoring would have any demonstrable impact on traditional human resource outcomes, some expected it would improve the functionality of the medical workforce, resulting in fewer disputes and concerns about performance. Our findings suggest that participants in mentoring may become more confident in their various roles and more willing and able to tackle, manage and solve problems that are outside their clinical roles.

Meaning of the study and implications

The findings indicate that those involved in mentoring arrangements perceive numerous benefits which fall within the three overlapping areas and which cross the personal–professional interface. The benefits appear to be underpinned by change management and problem solving and it seems that benefits in one area may stimulate benefits in others. The potential implications for enhancing multiple aspects of a doctor's personal and professional life, and ultimately patient care, are clear.

Perceived improvements in patient care, work relationships and personal and professional development may engender greater job satisfaction, which in turn may have positive knock-on effects for confidence and performance.

Although it is unclear if greater personal well-being directly led to, or was a result of, better problem management, they appear to be linked. Having to cope with change is a constant feature of doctors' lives and includes changing roles and responsibilities, increasing demands, changes in accountability and organizational upheavals. This study suggests that participation in mentoring helps doctors deal with the dilemmas, and possibly the stress, that change presents. Furthermore, for some the specific skills of mentoring become an integral part of their professional life, and not just confined to formal mentoring relationships. Both mentors and mentees benefit from involvement.

Given that mentoring is endorsed in recent official publications,^{5,25} an understanding of the nature and limits of the potential benefits is important so that expectations are realistic and mentoring is not seen as a cover-all or cure-all. The study was carried out partly in response to the question of whether the benefits of mentoring justify the investment. While reflective practice is strongly promoted across health professions, self reflection is limited by each individual's blind spots.²⁶ The findings of this and previous studies suggest that mentoring may have the potential to take us beyond those individual limits to greater benefits.

Unanswered questions and future research

In order to confirm, refute, clarify and strengthen the conceptual map each of the three areas of benefit identified, their overlaps and suggested relationships require further investigation. Further research is also needed into the ways mentoring skills are taught, learned, translated and embedded into personal and professional practice.

The conceptual map not only reflects a synthesis of the findings but could also be used as a framework leading to ideas for further research and development. The evaluation of complex initiatives such as mentoring schemes has traditionally been difficult.²⁷ However, the conceptual map may offer a starting point for the development of outcome criteria and evaluation tools.

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